

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE

Bruce R. Ramge

Director



Dave Heineman
Governor

PRE-NEED DIVISION COMPLAINT QUESTIONNAIRE

Complaint was made by: _____
(Please Print Your Name)

Complainant's Address: _____
(Street Address) (City) (State) Zip Code

Home Telephone Number: _____ Work Telephone Number: _____

Complaint is directed against: _____
(Pre-Need Establishment's Name)

Trustee for the Pre-Need Trust: _____
(Financial Establishment holding the Pre-Need Trust)

Pre-Need Agreement Date: _____ Pre-Need Trust Type: _____
(Irrevocable or Revocable)

Total Agreement Amount: _____ Total Amount of Funds Paid to Pre-Need Seller: _____

Summary of Complaint: _____

(An additional page may be used if necessary)

Date: _____ Signature: _____
(Signature of Person Filing Complaint)